PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 RTMENT OF COMMERCE valid OMB control number

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Effective on 12/08/2004.		Complete if Known			
ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/087 378			

## **FEE TRANSMITTAL** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(Ψ)		. <i>0</i> 60	$\mathbf{o}$	$\sigma$

Complete if Known			
Application Number	10/087,378		
Filing Date	March 1, 2002		
First Named Inventor	LUCIANO, Jr., Robert A.		
Examiner Name	MOSSER, Robert E.		
Art Unit	3714		
Attorney Docket No.	EDG 05.004		

TOTAL AMOUNT OF PAY	MENI (\$	1,860.0	0	Attorney Docke	t No. EDC	3 05.004	
METHOD OF PAYMEN	T (check al	ll that apply)					
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAF	FILING	FEES Small Entity	SEARC	CH FEES Small Entity		TION FEES	
<u>Application Type</u> Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$) 500	Fee (\$) 250	Fee (\$) 200	Fee (\$) 100	Fees Paid (\$)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80 .	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Multiple Dependent Claims						Fee (\$) 25 100 180 cendent Claims	
30 - 20 or HP = 10 x 25 = 250   Fee (\$) Fee Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing	g surcharge	e): <u>Reg. for Cont</u>	t. Exam \$1	000; Pet. for Ext	tension - \$510	)	\$1,860.0

SUBMITTED BY	(		
Signature	mill	Registration No. (Attorney/Agent) 42,722	Telephone 775-841-3388
Name (Print/Ty	/pe) Michael A. Kerr		Date July 11, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.